U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

For Official Use Only Red THE INSTRUCTIONS CAREFU	JULY BEFORE PREPARING THIS REPORT.
E JU - 5 2005	
1. File Number U - 2U57	2. Fiscal Year Covered From:
as fee f	02/01/2004 Through: 01/31/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Jane M Ridenour	Name OPEIU Local 19
Salar from 1 April 10 to 1 who the control of control accommon rates of the control of the contr	Labor Organization File Number 025-644
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 17070 Mercer Road	Street 2300 Ashland Avenue, Room 224A
city Bowling Green	City Toledo
State Ohio ZIP Code +4 43402	State Ohio ZIP Code +4 43620
5. Position in labor organization. President/Negotiati	ing Committee Member
riestuent/Negociati	LIAM COMMITCE PERIOCI
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Toledo Edison	Contract signing dinner hosted by
Trade Name, if any:	Toledo Edison. Actual cost per person unknown. Figure in 7.b is
	a per person estimate.
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street 300 Madison Avenue	
City Toledo	\$25.00
State Ohio ZIP Code +4 43652	
Sig	gnature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompant undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
To The Cari	
Signed Jane M. Federau	On 64/29/05 419-246-1540 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2
or from any labor relations consultant to an employer any payment of mo	oney or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
2 - No at 17th as an end processing, they are proceeded where the contract of	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	

14.b. Amount of payment.

or Consultant

Form LM-30 (2003)

13.b. Is the Business an Employer

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E JU52005		
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	02/01/2004 Through: 01/31/2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jane M Ridenour	Name OPEIU Local 19	
	Labor Organization File Number 025-644	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 17070 Mercer Road	Street 2300 Ashland Avenue, Room 224A	
Caty Bowling Green	City Toledo	
State Ohio ZIP Code +4 4 3402	State Ohio ZIP Code + 4 4 3620	
5. Position in labor organization. President/Negotiating Committee Member		
[Tresident/ Negotiating Committee Member		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
	usions set forth in the instructions): derived income or other economic benefit of	
(except as specified in the exclusion of	usions set forth in the instructions): derived income or other economic benefit of	
(except as specified in the exclusion of	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Contract signing dinner hosted by	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Toledo Edison	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Contract signing dinner hosted by Toledo Edison. Actual cost per	
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Name of Person Filing Jane M. Ridenour	File Number U- 245
Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
City	=
State ZIP Code + 4	
21 000 17	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State ZIP Code + 4	
•	
	12.b. Amount.
C. Received from any employer (other than an employer covered to from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

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